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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10590088 | <b>Applicant(s)/Patent Under Reexamination</b><br>BALZER ET AL. |
|   | <b>Examiner</b><br>SEUNG C SOHN            | <b>Art Unit</b><br>2878   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 250                |                                   | 203.3    |  |  |  | G                            | 0 | 1 | C | 21 / 02 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | G                            | 0 | 1 | C | 21 / 24 (2006.01.01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  | G                            | 0 | 1 | J | 1 / 20 (2006.01.01)  |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 250                | 239                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 359                | 254                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 9     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 10    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 11    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 12    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        | 13    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 17  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 18  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 19  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 20  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|--|-----------|-----------------------|-------------------|
| NONE   |           | Total Claims Allowed: |                   |
|  |           | 20                    |                   |
| (Assistant Examiner)                             | (Date)    | O.G. Print Claim(s)   | O.G. Print Figure |
| /SEUNG C SOHN/<br>Primary Examiner.Art Unit 2878 | 9/21/2009 | 1                     | 1                 |
| (Primary Examiner)                               | (Date)    |                       |                   |